



# New Hampshire Community Mental Health Agreement Monthly Progress Report

---

*October – November 2017*

New Hampshire Department of Health and Human Services

February 9, 2018

## Acronyms Used in this Report

ACT:	Assertive Community Treatment
BMHS:	Bureau of Mental Health Services
CMHA:	Community Mental Health Agreement
CMHC:	Community Mental Health Center
DHHS:	Department of Health and Human Services
SE:	Supported Employment
SFY:	State Fiscal Year

## Background

This Monthly Progress Report is issued in response to the June 29, 2016 Expert Reviewer Report, Number Four, action step 4. It reflects the actions taken in October and November 2017, and month-over-month progress made in support of the Community Mental Health Agreement (CMHA) as of November 30, 2017. Data contained may be subject to change upon further reconciliation with CMHCs. This report is specific to achievement of milestones contained in the agreed upon CMHA Project Plan for Assertive Community Treatment (ACT), Supported Employment (SE) and Glenclyff Home Transitions. Where appropriate, the Report includes CMHA lifetime-to-date achievements.

## Progress Highlights

### Assertive Community Treatment (ACT)

Goal	Status	Recent Actions Taken
CMHC fidelity to ACT evidence-based practice model annually assessed.	2018: 6 of 10 completed	<ul style="list-style-type: none"> <li>6 reports issued. 4 improvement plans in place; 2 in development process.</li> </ul>
Provide ACT team services, consistent with standards set forth, with the capacity to serve at least 1,500 individuals.	Capacity: Oct. – 1,251 Nov. – 1,168  Enrollment: Oct. – 910 Nov. -- 899	<ul style="list-style-type: none"> <li>Calendar Year 2018 ACT training schedule set. Includes 2 cycles of 2-day basic training and 2 cycles of 1-day advanced training. Sessions will be open to all CMHCs and additional community providers as space is available. IMR training schedule has also been set and will include 2 cycles of 2-day basic training and 1 cycle of 1-day advanced training.</li> <li>Six post ACT Fidelity Review consultations with participating CMHCs have occurred during State Fiscal Year 2018 thus far.</li> <li>October newly* enrolled individuals: 27</li> <li>November newly* enrolled individuals: 17</li> </ul> <p>*New is defined as an individual who is new to the ACT program or an individual who has not received an ACT service in more than 90 days.</p>

### Supported Employment (SE)

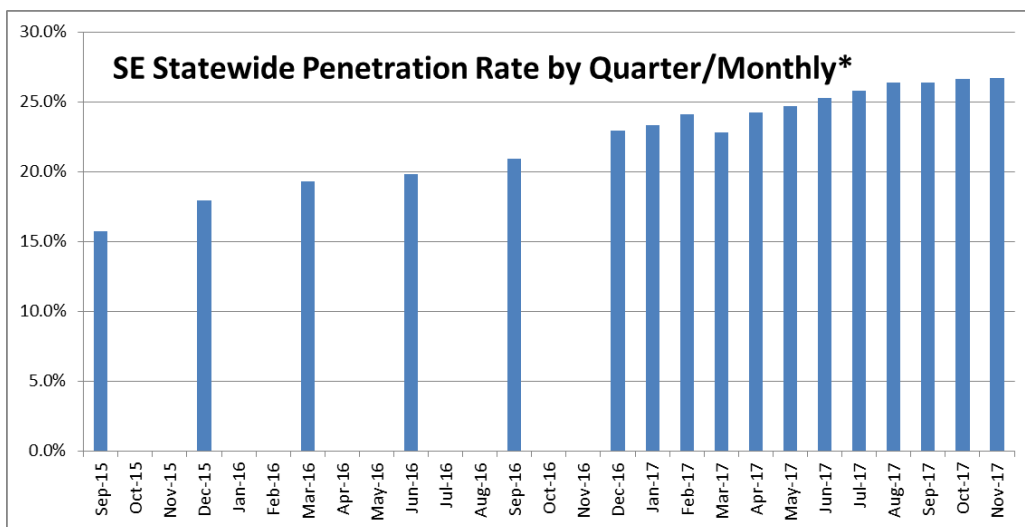
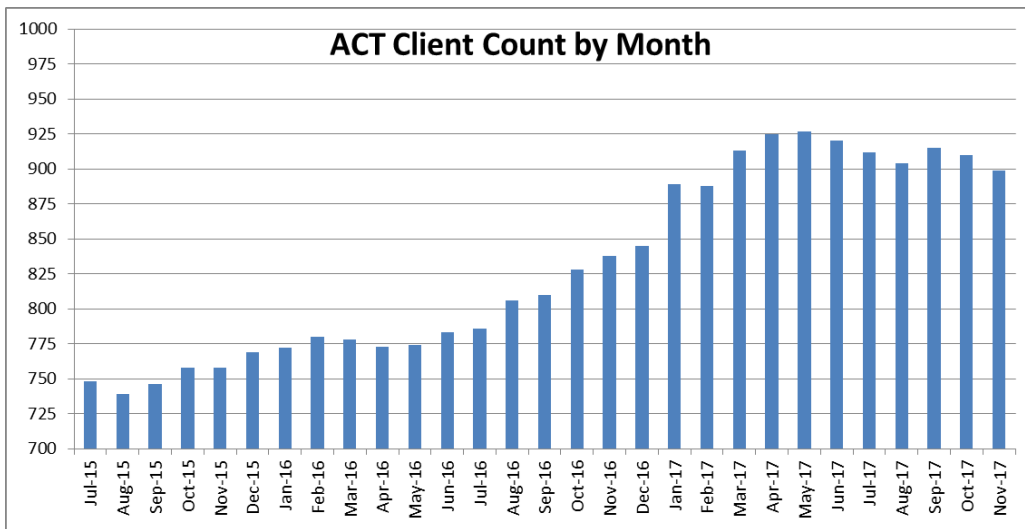
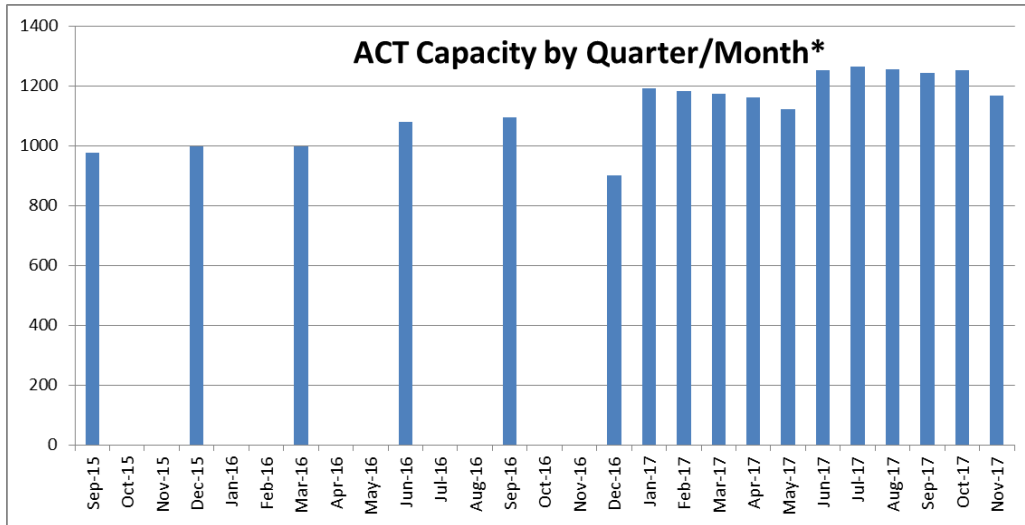
Goal	Status	Recent Actions Taken
CMHC fidelity to SE evidence-based practice model annually assessed.	2018: 5 of 10 completed	<ul style="list-style-type: none"> <li>4 fidelity reports issued, 1 in development. 4 improvement plans in place.</li> </ul>
Increase penetration rate of individuals with a Serious Mental Illness (SMI) receiving SE services to 18.6%.	Statewide penetration rate: Oct. – 26.6% Nov. – 26.7%	<ul style="list-style-type: none"> <li>Ongoing technical assistance at CMHC specific level delivered by external DHHS consultant</li> <li>Calendar Year 2018 SE training schedule set. Includes 2 cycles of 2-day basic training and 1 cycle of 1-day advanced training. IMR training schedule has also been set and will include 2 cycles of 2-day basic training and 1 cycle of 1-day advanced training.</li> </ul>

## Glencliff Home Transitions into Integrated Community Setting

Goal	Status	Recent Actions Taken
Have capacity to serve in the community 16 (cumulatively) individuals with mental illness and complex health care needs residing at Glencliff who cannot be cost-effectively served in supported housing.	14 of 16 completed <sup>1</sup>	<ul style="list-style-type: none"> <li>• In November 2017, a resident transitioned to the community residence developed in late 2016.</li> <li>• Coordinating a 15<sup>th</sup> transition to an independent apartment with supportive services. Needed renovations nearly complete.</li> </ul>
By June 30, 2017, identify and maintain a list of all individuals with mental illness and complex health care needs residing at the Glencliff Home who cannot be cost-effectively served in supported housing and develop an effective plan for providing sufficient community-based residential supports for such individuals in the future.	Completed; ongoing	<ul style="list-style-type: none"> <li>• 13 residents on the list</li> <li>• 11 of the 13 residents have selected their CFI transition case management service provider to actively support transition.</li> <li>• 1 individual is in active transition process and is anticipated to move to an independent apartment soon.</li> </ul>

---

<sup>1</sup> Indicates residents have been transitioned into an integrated community setting; compliance with additional CMHA requirements for such transitions is under review.



\* Data is a combination of preliminary monthly and finalized quarterly data from CMHA Quarterly Data Reports.